

# PROPERTY CLAIM FORM

Pursuant to the Privacy Act 1993 the following is brought to your attention.

- (a) This claim form collects personal information about your claim;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is: The Insurer named below (Hereinafter called "the company") and Insurance Brokers Alliance Ltd (Hereinafter called IBAL) and is being held by them at their offices.
- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- (e) The failure to provide this information may result in your claim being declined;
- (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Policy Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

## POLICY HOLDER DETAILS

Full name: (Company name if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone No: (home) \_\_\_\_\_ (Business) \_\_\_\_\_  
Email: \_\_\_\_\_  
Bank account details for direct credit payment: \_\_\_\_\_

## CIRCUMSTANCES OF LOSS

When did the loss occur? Date: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM  
Where did the loss occur? \_\_\_\_\_  
Please explain what happened: \_\_\_\_\_  
\_\_\_\_\_

If loss caused by another person, please provide: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

## DETAILS OF PROPERTY LOSS OR DAMAGE

Are you the sole owner of the property concerned? Yes / No  
*If no, please provide details:* \_\_\_\_\_  
If burglary, loss or theft claim, to which Police Station was it report? \_\_\_\_\_  
Date reported: \_\_\_\_\_  
Police acknowledgement form attached: Yes / No  
*If no, please provide incident reference:* \_\_\_\_\_  
If burglary, state means of entry to the premises: \_\_\_\_\_

